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ALLOCATIONS AND STATE PLAN FOR HOSPITAL CONSTRUCTION—1955-56

Approximately \$11,000,000 in state and federal matching funds was allocated for 1955-56 hospital construction at an August 3d-4th meeting of the Advisory Hospital Council in Los Angeles.

The funds, which provide two-thirds of project cost, were allocated for construction or improvement of 20 hospital facilities, including general, tuberculosis, mental and chronic hospitals, nursing homes, rehabilitation centers, a public health center and diagnostic and treatment centers.

This marked the first year that state funds were available for assistance in the construction of nonprofit hospitals. It also was the first year in which funds were earmarked specifically for the construction of rehabilitation centers, chronic disease hospitals, nursing homes and diagnostic and treatment centers. Both of these were authorized by Assembly Bill No. 146.

Disappointment was voiced by some of the 54 applicants appearing before the council because of the shift in allocation priorities which followed condemnation of hospital facilities in the Fresno area. The shift in priorities, based upon community need, placed the Fresno area ahead of other communities in consideration for construction funds. The change in priorities was made during May 19th-20th public hearings of the council when program policy for the 1955-56 Fiscal Year was adopted.

General Hospitals

Fresno County, \$1,890,616; Fresno Community, \$2,030,550; St. Agnes, Fresno, \$547,388; Sequoia-Wallace, Fresno, \$508,620.

Tuberculosis Hospitals

Santa Clara County Hospital, San Jose, \$1,158,642; Santa Cruz County Hospital, Santa Cruz, \$130,810.

Mental Hospitals

Monterey County Hospital, Salinas, \$75,934; Queen of Angels, Los Angeles, \$611,636.

Chronic Disease Hospitals

Long Beach Community Hospital, \$214,030; Monterey County Hospital, \$468,564; City of Hope, Duarte, \$364,572.

Nursing Homes

Mercy Hospital, Bakersfield, \$285,760; Memorial Hospital, Modesto, \$225,100; Coronado Hospital, Coronado, \$68,032.

Public Health Centers

San Diego County, \$1,000,000.

Rehabilitation Centers

Stanford University Hospital, Stanford, \$434,892; College of Osteopathic Physicians and Surgeons, Los Angeles, \$144,000.

Diagnostic and Treatment Centers

Fresno County Hospital, \$425,540; Fresno Community Hospital, \$212,344; City of Hope Hospital, \$195,252.

Each year the State Department of Public Health, as the administrative agency for the Hospital Survey and Construction Program, is required by federal law to revise the California State Plan for Hospital and Health Center Construction and submit it to the Surgeon General for approval. California law provides that in administering this program the department acts with the advice of the

Advisory Hospital Council, whose members are appointed by the Governor.

These annual revisions are based upon the recommendations of the State Advisory Hospital Council after it holds public hearings at which applicants, official agencies, professional organizations, voluntary associations, and interested individuals review and comment upon the proposed plan. The council held public hearings in March and in May of this year in San Francisco, Los Angeles, and Berkeley.

The Surgeon General approved the 1955-56 state plan of California on July 22d, and the allocation meeting of the Advisory Council was then scheduled for August 3d and 4th.

The following is a brief description of the state plan for the Fiscal Year 1955-56, which incorporates the expansions of program made possible by the 1955 Session of the Legislature.

The State Legislature, in the 1955 Session, authorized California's participation in the expanded federal program, as amended by the Medical Facilities Survey and Construction Act of 1954. The federal program, which implements the President's recommendations, includes assistance for the construction of chronic disease hospitals, nursing homes, diagnostic and treatment centers and rehabilitation facilities. The program authorizes appropriation of federal funds to be allotted to the states to assist in surveying needs for additional facilities and in developing a plan for allocation of funds to communities for construction of additional facilities on a sound basis.

The State Legislature, in the amendment to the State Hospital Survey and Construction Act, authorized the allocation of state funds to all projects which receive allocation of federal funds in an amount equal to the federal allocation. This provision, effective July 1, 1955, permits the allocation of state funds to voluntary nonprofit corporations which receive federal funds. From the time the program began in 1946 to date, allocation of state funds had been limited to counties, cities and hospital districts.

The amended program, as authorized by the State Legislature, will be administered in essentially the same manner as has the Hospital Survey and Construction Program since 1946. The only significant difference is that the State will receive a federal grant of a specific amount for each new category: diagnostic and treatment centers, rehabilitation facilities, chronic disease hospitals and nursing homes. The State must allocate these funds to the category for which they are made available, if qualified applicants exist in each category. The State will continue to receive a lump sum and exercise its own discretion in distributing the funds between categories in the original program: general hospitals, mental hospitals, tuberculosis hospitals, and public health centers.

The Advisory Hospital Council will continue to work with the department in recommending policies to be established for the program and in recommending allocations to be made each year. Two consultants in rehabilitation have been appointed to advise and assist the department and the council in consideration of the rehabilitation program.

The policies and content of the 1955-56 state plan have been developed on the basis of preliminary surveys and extensive consideration by numerous groups and organizations in the State. Information and data proposed for the expanded program and the state plan have been distributed widely through a series of three publications of approximately one thousand copies each. The Interim Committee on Public Health of the California Assembly made a study of the program during 1954 and submitted a report recommending the proposed program expansion

to the 1955 Legislature. Reports recommending the proposed program were submitted to the Legislature by the State Departments of Finance and Public Health. The Department of Public Health participated in a series of meetings with representatives of various agencies, including hospitals, nursing homes, professional organizations, voluntary health agencies and state agencies. Public hearings were held before the Advisory Council March 23-24 and May 19-20, 1955.

The state plan for 1955-56 includes basic data and policies for administration of the program, which establishes estimates of need and priority for consideration of each of the eight categories of facilities, including general hospitals, tuberculosis hospitals, mental hospitals, public health centers, chronic disease hospitals, nursing homes, diagnostic and treatment centers and rehabilitation facilities.

General Hospitals

The 1955-56 state plan retains the present method of estimating bed needs based on analysis of hospital usage, including patient-days of service, occupancy rates, admissions and length of stay. Priority for consideration of applications is based on percent of need met by existing acceptable facilities in each of the 111 hospital service areas.

Tuberculosis Hospitals

The plan estimates need and evaluates existing facilities for 28 areas of the State. Priority is based on the percent of need met in each area. The analysis shows certain areas lacking adequate facilities, although there appears to be sufficient bed capacity state-wide to meet total estimated need.

Mental Hospitals

Plan policies continue to provide the opportunity for assistance to acute short-term psychiatric hospital programs operated as subunits of general hospitals. Consideration of applications in this category is based upon evaluation of community interest and an adequate program for active short-term psychiatric treatment.

Public Health Centers

Policies established in prior years are continued in the 1955-56 state plan, which evaluates need on the

basis of allowable space for public health services in the organized public health jurisdictions of the State. Priority for consideration is established on the basis of percent of need met by existing acceptable primary facilities.

Chronic Disease Hospitals

Planning for hospitals for the chronically ill is based on distribution among the 14 general hospital regions. Chronic disease units of 50 beds or more, as a part of or affiliated with general hospitals of 75 or more beds, have been established as an objective for development of additional facilities in the State. Applications proposing chronic disease units are evaluated carefully to determine that the proposed program will provide an adequately intensified service for long-term patients. Such projects should make provisions for technical services involving medical supervision, skilled nursing care, physiotherapy, occupational therapy and similar services.

Planning for this category is correlated closely with nursing homes as both types of facilities provide care for long-term patients. The classification of the facility as chronic disease hospital or nursing home depends to a considerable extent upon the type of care to be provided the patient in addition to the differences in characteristics of the patient.

Under ideal circumstances, the type of patient most appropriate for accommodation in the chronic disease hospital is one who can benefit substantially by an extensive treatment program, including physical therapy, occupational therapy, laboratory, X-ray and other diagnostic and therapeutic services. By contrast, the patient most appropriate for accommodation in the nursing home is one who has a more stabilized long-term condition requiring hospitalization with adequate medical supervision and nursing care, but who probably cannot benefit substantially by more intensive and expensive treatment. The classification of patients, as indicated above, represents the ideal situation, whereas frequently there tends to be mixing of these types of long-term patients in many institutions. With due recognition of the many similarities in objectives of the chronic disease hospital and nursing home type facility which justify co-

ordinated planning, there are distinctions in the functions of these institutions, which should be evaluated and planned for separately.

Nursing Homes

Planning for nursing homes is based on distribution among the 14 general hospital service regions. Nursing home units of at least 20 beds, which will be operated as subunits of general hospitals or chronic disease hospitals, are given special consideration. Applicants are requested to demonstrate ability to establish and maintain an adequate program which provides skilled nursing care under medical supervision. Future study regarding needs and services of nursing homes will involve analysis of patient usage, occupancy rates, length of stay and related factors in nursing homes accommodating the chronically ill.

Diagnostic and Treatment Centers

Inclusion of the category, diagnostic and treatment center, in the Hospital Survey and Construction Program has the purpose of making available X-ray, laboratory, and other diagnostic services necessary to assist the physician in treating his patients. The objectives in planning for this category are to secure sufficient information throughout the State, so that areas lacking these diagnostic services can be identified and a plan developed for assisting in providing them.

The only agencies which qualify for assistance in constructing diagnostic facilities for ambulatory patients are units of government and nonprofit hospitals. For all practical purposes, this means that assistance is limited to outpatient units of hospitals.

In planning to meet the needs of hospitals for improved outpatient facilities, the department will take into consideration services available in physicians' offices, clinics, laboratories, and other facilities in the community in order to avoid duplication of services.

Preliminary surveys have demonstrated that all hospitals provide some type of outpatient services and that this activity has the support of hospital medical staffs. Nearly all hospitals conduct their outpatient activity in improvised and unsatisfactory space. Approximately one-fourth of

the X-ray and laboratory procedures done in hospitals are for ambulatory patients. Most hospitals are planning expansion of their outpatient departments.

Planning for diagnostic and treatment centers proposes an outpatient department in each of the approximately 450 existing and proposed general hospitals in the State. A preliminary survey indicates a direct relationship between the need for additional hospital beds and the need for additional diagnostic and treatment services for ambulatory patients. Existing hospitals in many instances are planning for expansion of outpatient facilities. Priority for consideration of applications is based upon the priority established for general hospital service areas, as determined by percent of need met within each area for general hospital beds. Consideration of applications will include evaluation of unmet community need and availability of existing services in physicians' offices and other facilities providing services for ambulatory patients.

Rehabilitation Facilities

The purpose in planning for this type of facility is to encourage the development of centers in which integrated programs involving medical, psychological, social and vocational services are available in one location under one management for the rehabilitation of disabled individuals. Rehabilitation centers for multiple types of disability and for a single disability exist which involve this team concept. There are, however, very few rehabilitation centers in which all four elements are coordinated in an integrated program.

Public hearings conducted in California reveal that many individuals have strong feeling about the manner in which rehabilitation services should be organized. Their viewpoints appear to be capable of classification into three ideas:

1. Initial expansion of coordinated rehabilitation services should be through development of relatively large multipurpose facilities in larger population centers where:

- a. Extensive training programs can be conducted for physicians, physical therapists, occupational therapists, and other professions concerned with re-

habilitation, since at this stage of rehabilitation development, extreme shortages exist in skilled personnel for this work and currently the training of personnel shares in importance with the care of the rehabilitation service to the patient;

- b. Larger centers with university or other educational sponsorship will attract research grants and stimulate the development of better techniques in rehabilitation services;

- c. Expansion of rehabilitation services would be concentrated in a few centers instead of developing a large number of small competing centers of limited resources, which would have difficulty surviving financially and difficulty providing an adequate staff for a high-quality service to patients.

2. Initial development of rehabilitation services should recognize that traditionally rehabilitation has been developed by organizations interested in single disabilities. These organizations have been able to mobilize the emotional and financial support necessary to provide service to these special groups of patients. If planning under the Hospital Survey and Construction Program emphasized concentration in large multipurpose centers to the exclusion of the smaller single-purpose centers, inadequate recognition of the good work done to date by the smaller centers will result, and their continued development will be jeopardized.

3. Initial development of rehabilitation centers should be in, or affiliated with, general hospitals which conduct teaching programs. This type of development would not restrict rehabilitation centers to metropolitan areas where the universities are located, but also would not foster the development of a large number of single-purpose units as under proposal No. 2 above.

Planning for rehabilitation centers initially is state-wide with proposed distribution among the 14 general hospital regions. A preliminary survey of existing facilities demonstrates that numerous organizations are actively engaged in rehabilitation pro-

grams, with very few providing an integrated service which complies with the objects of this plan. The need for rehabilitation facilities is so great throughout the State that relative need expressed in percent of need met is not an equitable and adequate measure for determination of priority. Applicants will be requested to demonstrate purpose, program, organization, staffing and community and financial support for projected operation. Preference will be given to projects proposing services for numerous disabilities and which are part of or affiliated with general hospitals of 100 or more beds.

Public Health Positions

Butte County

Public Health Nurses: Two positions open. Generalized program, including services to schools. Salary, \$315-\$391. County car optional or 8 cents per mile. Write G. L. Faber, M.D., Director, Butte County Health Department, P. O. Box 1100, Chico.

Los Angeles County

Health Educator: American Cancer Society, Los Angeles County Branch, has position available for second health educator to work in the community, schools, and with professional groups. Salary begins at \$375 to \$400, depending upon qualifications. For further information contact Mrs. Priscilla Jamieson, Education Director, American Cancer Society, Los Angeles County Branch, 817 S. Western Avenue, Los Angeles 5. Dunkirk 7-4201.

Napa County

Public Health Nurse: Salary range, \$341-\$415. Starting step depends on qualifications. Car necessary; mileage allowed. Contact Napa County Department of Public Health, P. O. Box 749, Napa.

San Bernardino County

There are openings now in the County Health Department for:

Public Health Nurses: Salary range, \$327-\$360. Eligibility for State Public Health Nursing Certificate, citizenship, and car required.

Sanitarians: Salary range, \$343-\$417. State registration eligibility, driver's license, and citizenship required.

Dairy Inspector: Salary range, \$343-\$417. State examination, driver's license, and citizenship required.

For further information about any of these positions inquire of the San Bernardino County Civil Service, 236 Third Street, San Bernardino.

San Diego

Director of Nursing Service: County Hospital has opening for professional registered nurse with administration experience and leadership ability to plan and direct nursing

Resolutions Related to Public Health Passed by 1955 Legislature

Several resolutions adopted by the 1955 Regular Session of the California State Legislature, which closed June 8th, dealt with public health matters. Two resolutions were directed to the federal government, one suggesting studies be made of the hazards connected with ionizing radiation, and the other suggesting the enactment of a research and treatment program for chronic alcoholism with assistance to states with similar programs. The University of California was commended on its cardiovascular research achievements. Two public health officials came in for personal recognition: Dr. Askew, San Diego Director of Public Health, was congratulated for his work in making a California county first in the Nation to inoculate school children with the Salk vaccine, and Milton P. Duffy, Chief of the Bureau of Food and Drug Inspections, State Department of Public Health, was congratulated on his 40 years' service to the State.

By resolution the Assembly constituted its Standing Committee on Public Health an Interim Committee and the Senate created a Senate Interim Committee on Public Health. The Senate also created an Interim Committee on Special Education and Rehabilitation of Handicapped Children and Adults.

The Senate by resolution requested the Legislative Counsel to assist the State Department of Public Health in revising present public health statutory law to eliminate duplication and obsolete terminology.

services and coordinate them with the nursing education program conducted by San Diego State College. Salary range, \$438-\$532. County and state residency has been waived. Final filing date for applications, September 2. Further information available from Civil Service Commission, Room 402, Civic Center, San Diego 1.

San Jose

Public Health Nursing Supervisor: Salary range, \$360-\$450. Car allowance \$32 a month. Degree in public health nursing and training in supervision required. Apply to Chief Public Health Nurse, San Jose City Health Department, 285 SE. Market Street, San Jose.

Public Health Nurse: Salary range, \$341-\$426. Staff position open in San Jose City Health Department. Apply as above.

These resolutions are given in part below:

Relative to the protection of the public health and safety from the hazards of peacetime use of ionizing radiation and by-product material:

The Legislature "respectfully memorializes the President and Congress of the United States to conduct studies to determine whether or not the Atomic Energy Commission is fulfilling its responsibilities for the protection of the public health and safety against the hazards arising out of the peacetime use of special nuclear material, by-product material and the disposal of radioactive waste materials resulting from that use, and to determine the extent to which it is desirable or necessary for the several states to legislate or to provide services to protect the public" from these hazards.

Relative to federal research of problems relating to chronic alcoholism:

The Legislature "respectfully memorializes the President and the Congress of the United States to enact such legislation and make such appropriations as may be necessary to institute a program of research and treatment with respect to the problem of chronic alcoholism, such program to be administered by the United States Public Health Service, and which program may provide both for assistance to and cooperation with states conducting research and treatment programs with respect to chronic alcoholism."

Relative to research on heart ailments by the University of California:

The Legislature "hereby commends the regents and staff of the University of California on the contributions they have made in the field of research of cardiovascular diseases and requests the regents to continue and expand that research program and to report to the Legislature from time to time its need for funds or other assistance to carry on this humanitarian task."

Relative to the initiation of the program of antipolio inoculation:

"Whereas, On Saturday, April 16th, the County of San Diego became the first county in the Nation to start the inoculation of its school children with the Salk antipolio vaccine * * * the result of foresight and hard work on the part of the Director

of Public Health, Dr. J. B. Askew, who enlisted the private physicians and registered nurses of the county * * * to set up an organization which would function as soon as the vaccine was available * * *; therefore, be it

"Resolved * * * that the Legislature extend congratulations to Dr. Askew for the successful culmination of his many weeks of planning and work which gave California another well-deserved first in the Nation * * * and thanks to the members of the San Diego Medical Society and the California State Nurses Association, District Eight, for their unselfish volunteering of time and effort in this direction."

Relative to congratulating Milton P. Duffy upon the completion of 40 years of service to the State:

"WHEREAS, On the ninth day of July, 1954, Milton P. Duffy, Chief of the State Department of Public Health's Bureau of Food and Drug Inspections, completed 40 years of faithful service to the State of California * * * be it

"Resolved by the Senate of the State of California, that the members * * * do hereby congratulate and thank Mr. Milton P. Duffy upon the completion of 40 years of outstanding service to the people of the State of California.

Relative to constituting the Assembly Standing Committee on Public Health an interim committee:

"Resolved by the Assembly * * * as follows:

The Assembly Standing Committee on Public Health of the 1955 Regular Session is hereby constituted an interim committee and is authorized and directed to ascertain, study, and analyze all facts relating to public health, including, but not limited to, the practice of the healing arts and the practice of other occupations which may affect the health of the public; all matters concerning sanitation, in living accommodations and elsewhere; facilities for the care and treatment of the sick or injured; all matters relating to the use, furnishing, or treatment of substances which may affect the health of the public; coroners and the coroner system; methods of training and treatment directed toward the correction and rehabilitation of young persons found

guilty of public offenses; and including, but not limited, to the operation, effect, administration, enforcement and needed revision of any and all laws in any way bearing upon or relating to the subject of this resolution, and to report thereon to the Assembly" during the 1957 Regular Session.

Relative to an interim study of smog and air pollution:

"Resolved by the Assembly that the Assembly Interim Committee on Public Health is hereby authorized and directed to continue the study of smog and air pollution and all matters relating thereto, and to report to the Assembly" at the 1957 General Session.

Relative to the creation of the Senate Interim Committee on Public Health:

"Resolved by the Senate, as follows:

The Senate Interim Committee on Public Health is hereby created and authorized and directed to ascertain, study and analyze all facts relating to public health, particularly with respect to health inspection, education in the field of public health, and the Department of Public Health, including but not limited to the operation, effect, administration, enforcement and needed revision of any and all laws in any way pending upon or relating to the subject of this resolution, and to report thereon to the Senate, including in the reports its recommendations for appropriate legislation" * * * at the 1957 Regular Session.

Relative to creating the Senate Interim Committee on the Special Education and Rehabilitation of Handicapped Children and Adults:

"Resolved by the Senate * * * as follows:

The Senate Interim Committee on the Education and Rehabilitation of Handicapped Children and Adults is hereby created, authorized, and directed to study and analyze the existing state policies pertaining to the education and rehabilitation of all types of physically and mentally handicapped persons, with particular reference to the financial, administrative, professional, and legal problems involved in providing special education and rehabilitation for such persons, including, but not limited to, the study, analysis and investigation

of all matters pertaining to this resolution. The committee shall advise and confer with the Department of Education, Department of Social Welfare, Department of Public Health, Department of Mental Hygiene, and any other department of this State having functions pertaining to the welfare of physically handicapped persons, and the appropriate officers and agencies thereof, to consider and prepare such new legislation as may in any way bear upon or relate to the subject of this resolution."

Relative to the revision of the law relating to public health:

"WHEREAS, The present statutory public health law in California is an accumulation of provisions added over a long period of years, and during this period there have been great advances in the fields of sanitation and disease prevention and control; and * * *

There are now in effect many obsolete and duplicate provisions and provisions containing archaic terminology; now, therefore, be it

"Resolved by the Senate, That the Legislative Counsel is requested and directed to render all necessary assistance to the Department of Public Health in reviewing Divisions 1, 2, 3, and 4; Part 1 and Chapters 3 and 4 of Part 2 and Articles 2 and 3 of Chapter 6 of Part 3 of Division 5; Part 1 and Chapter 1 of Part 2 of Division 7; and Divisions 9 and 16; and Chapters 1, 3, 4, 5 and 6 of Division 20; and Divisions 21 and 22 of the Health and Safety Code, and such other portions of the statutory public health law of this State as may appear to the department to be in need of modernization, and to prepare a revision thereof in accordance with present day practices and terminology. The purpose of the revision shall be the elimination of duplicate and obsolete provisions and the substitution of modern terminology, and such revision shall make no substantive changes in the law except such as necessarily result from such elimination of duplicate and obsolete provisions and substitution of modern for archaic terminology. The department shall submit such revision to the Senate no later than the tenth legislative day of the 1957 General Session."

Veteran Health Officer Retires

Dr. Lee A. Stone retired August 1st from his long-time post as Madera County Health Officer. He became head of the Madera County Health Department in April of 1931, when he was already nationally prominent in the field of medicine and public health. His 24 years of administration of public health services in Madera County have helped to bring about important improvements. He has been especially zealous in improving conditions in farm labor camps in the county and has worked closely for this purpose with the state and local chambers of commerce and with agricultural organizations.



LEE A. STONE, M.D.

Three years ago Dr. Stone celebrated his fiftieth anniversary as a physician. He graduated as a doctor of medicine and surgery from the University of Louisville in 1902. His interest in medicine and public health had begun when he was a hospital corpsman in the Spanish-American War and saw the ravages of typhoid, yellow fever, dengue, smallpox, and other diseases now rare, then common.

In World War I he was a lieutenant colonel on the staff of the Surgeon General of the Army, with responsibility for training the U. S. troops in venereal disease control. Following

the war Dr. Stone was regional consultant for the Public Health Service in venereal disease control in the Midwest, and afterward was Chief of the Bureau of Hospitals, Social and Industrial Hygiene of the Chicago Health Department.

He was a pioneer in the field of social hygiene and started writing on the subject in medical and scientific journals in 1908. He also began lecturing on social hygiene at that time. He has published 12 books, one of which sold over half a million copies and was used as a college textbook. A bibliography of his published articles lists over 200 titles. Most of his professional life has been spent in public health practice. He estimates that he has vaccinated more than three million people against smallpox and has given talks to a total audience of more than six million.

Gilbert G. Daggett, M.D. is acting as health officer of Madera County until a permanent appointment is made.

Mosquito Control Funds Allocated For Fiscal Year

The State Department of Public Health through its Bureau of Vector Control administers the mosquito control subvention program of California and coordinates the activities of all mosquito abatement and related agencies within the State.

It is estimated that about 3½ million dollars will be spent locally during the present fiscal year for mosquito control. An additional \$375,000 will be expended from State subvention funds.

For the Fiscal Year 1955-56, 29 of the 52 mosquito control agencies in California have applied to the department for allocations of state funds and have received them in varying amounts as follows:

Butte County M.A.D.	\$29,560
Clear Creek M.A.D.	2,210
Consolidated M.A.D.	23,590
Corcoran M.A.D.	4,120
Corning M.A.D.	2,880
Delano M.A.D.	9,890
Delta M.A.D.	22,620
Diablo Valley M.A.D.	3,380
Durham M.A.D.	3,510
East Side M.A.D.	18,250
Fresno M.A.D.	9,050
Kern M.A.D.	18,100
Kings M.A.D.	8,885
Lake Co. M.A.D.	6,230

Los Angeles City Health Dept.	4,000
Los Molinos M.A.D.	6,650
Madera Co. M.A.D.	19,315
Merced Co. M.A.D.	37,500
Northern San Joaquin County M.A.D.	8,430
Pine Grove M.A.D.	3,290
Sacramento County—Yolo County M.A.D.	22,020
Santa Clara County Health Dept.	4,300
San Diego County Health Dept.	4,015
San Joaquin M.A.D.	20,135
Shasta M.A.D.	4,410
Solano Co. M.A.D.	5,020
Sutter-Yuba County M.A.D.	21,165
Tulare M.A.D.	19,695
Turlock M.A.D.	32,780

In addition to the above funds, \$25,000 will be used by the Bureau of Vector Control for special investigations of the mosquitoes of irrigated pastures and of rice fields. These activities were previously performed under subvention contracts with the Fresno and Sutter-Yuba Mosquito Abatement Districts.

State subvention is aiding in the control of mosquitoes of public health importance by assisting local agencies within the areas endemic for encephalitis or malaria to provide the services needed for developing scientifically sound mosquito control programs. While the local programs normally function to prevent mosquitoes from becoming intolerable pests, this trained corps of mosquito control workers is always available to undertake extraordinary emergency measures when and where surveillance indicates that vector mosquitoes are occurring in extraordinary numbers.

Subvention also helps to provide the additional funds that are urgently needed in those areas where the problem is very great in relation to taxable values.

All participating agencies meet definite standards of performance. These include the employment of technically trained personnel, the development of sound plans for both immediate and long-range control the provision of satisfactory equipment and supplies, the maintenance of a suitable office open to the public and of operational bases convenient to the problem areas, the documentation of the program through record keeping, and the continual appraisal and evaluation of the program and its effectiveness.

Funds Earmarked for Polio Vaccine Purchase: State Allocation Plan Is in Effect

Federal funds amounting to \$1,500,000 have been earmarked for California for the purchase of public polio vaccine supplies.

Part of the funds will be made available to the State to finance local government vaccination programs, including physician and nurse fees, and for the purchase of syringes and other equipment necessary to set up inoculation centers. Another quarter-million dollars in Public Health Service funds has been granted the department to study the effectiveness of the vaccine and to assist in operating a vaccine rationing system.

The \$1,500,000 will be made available to local governments wishing to provide free polio vaccine to children in their communities. There have been no requests as yet for fund allocation and the department awaits details on administration of the money from the U.S.P.H.S.

A voluntary allocation plan for the equitable distribution of commercial and public polio vaccine supplies in California is now in effect. The plan, based upon the voluntary cooperation of physicians, pharmacists, local health officers and vaccine manufacturers, will be administered by the department.

The plan will remain in effect during the current vaccine shortage and until all persons in the 1-20 year age group have had opportunity to be vaccinated. California currently receives approximately 8 percent of whatever vaccine is released nationally.

Details of the plan are:

1. Vaccine available now will be given only to children in the high disease-risk age group of five to nine years. The priority group will be broadened progressively as vaccine supplies become available to meet demand.
2. All orders for vaccine from public agencies must be approved by the department in order to assure a balance between public and commercial supplies.
3. The state allotment of vaccine will be distributed throughout the state on the basis of priority group population. While the department will

handle distribution of public supplies, private physicians and pharmacists will place their orders through their usual commercial channels of supply.

4. Fair distribution of vaccine supplies and progress of the voluntary program will be checked by the department through study of invoices of shipments of vaccine into the State by manufacturers, from weekly reports of sales from pharmacies and from vaccination rec-

ords and reports maintained by physicians.

5. Public complaint of any inequities in the program will be handled by local grievance committees.
6. Control of black markets and fraudulent vaccines will be the responsibility of augmented state and federal food and drug forces.

All Polio Cases in California To Be Studied This Season

Since April 20th, 42 cases of poliomyelitis have been investigated in which the illness appears to have been causally associated with the administration of poliomyelitis vaccine. In addition, 45 cases have occurred in families of children receiving the vaccine. Intensive epidemiologic and laboratory studies of these two groups of patients and their families are being carried out in collaboration with local health departments throughout the State; these studies should be completed in two to three months.

As a result of the occurrence of cases associated with poliomyelitis vaccination, a comprehensive epidemiologic and laboratory study of all reported cases will be carried out during the present polio season. The objectives of these investigations are as follows:

1. For each case of poliomyelitis occurring in a person who has received vaccine, to determine the reason for the apparent failure of the vaccine to protect. Factors such as dosage, interval between vaccination and onset of illness, and ability of the individual to produce antibodies will be considered.
2. In certain age groups, to determine the effectiveness of the vaccine in preventing paralytic illness when used under general field conditions.
3. To gain information concerning the possible provocation or localization of paralytic illness by the injection of poliomyelitis vaccine.
4. To maintain an alert surveillance of all cases of poliomyelitis.

For the seven months January through July, 1955, 746 cases of poliomyelitis have been reported to the State Department of Public Health, a drop of 731 cases from the number

SPECIAL CENSUS RELEASES

Illustrative Projections of the Population, by States, 1960 and 1965, Series P-25, (110); Provisional Estimates of the Population of the U. S., January 1, 1950—March 1, 1955, Series P-25, (113); Estimates of the Population of the U. S., By Age, Color and Sex, 1900-1940, Series P-25, (114); Mobility of the Population of the U. S., April 1953 to April 1954, Series P-20, (57).

Special Censuses of California Cities, Series P-28 *Los Angeles County:* Compton (805), Monterey Park (815); *Monterey County:* Salinas (822); *Orange County:* Costa Mesa (814), Newport Beach (827); *Riverside County:* Riverside (826); *San Bernardino County:* Colton (813), Redlands (811); *San Mateo County:* Menlo Park (812); *Santa Clara County:* Mountain View (808), Palo Alto (810); *Santa Cruz County:* Santa Cruz (829); *Solano County:* Fairfield (821); *Sutter County:* Yuba City (823); *Tulare County:* Tulare (828).

Copies of these releases may be obtained from: Library, Bureau of Foreign and Domestic Commerce, United States Department of Commerce at 419 Customs Building, 555 Battery Street, San Francisco, California, or at Room 450, 31 South Broadway, Los Angeles, California.

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reported for the same period last year.

Polio is occurring at a lower level than for the past several years, with only 57 cases reported in the last week of July, compared to 217 for the corresponding week in 1954.

There have been 11 deaths since January 1st, compared to 47 reported the first seven months of 1954.

A single bacterium contains more than one million protein molecules and may be capable of manufactur-

ing such molecules at the rate of more than 21,000 per minute. These computations were made by the late Dr. O. L. Sponsler of the botany department and Dr. Jean Bath of the Medical Center on the Los Angeles Campus of the University of California.—
U. C. Clipseheet

Review of Reported Communicable Diseases Morbidity by Month of Report— July, 1955:

Diseases With Incidence Exceeding the Five-Year Median

Diseases	July, 1955	July, 1954	July, 1953	Five-year median
Amebiasis	61	26	33	38
Coccidioidomycosis (disseminated)	24	8	10	8
Food poisoning	198	119	143	85
German measles	319	262	751	262
Hepatitis infectious	142	131	143	69
Influenza	18	5	17	13
Malaria	6	4	8	5
Measles	2,595	3,497	5,421	2,464
Mumps	1,695	1,275	2,101	1,275
Rabies, animal	33	6	11	8
Salmonella infections	60	59	133	59
Hepatitis, infectious	142	131	143	69

Diseases Below the Five-Year Median

Diseases	July, 1955	July, 1954	July, 1953	Five-year median
Chickenpox	983	1,022	1,836	1,285
Diphtheria	1	2	5	5
Encephalitis (type undetermined)	9	7	11	11
Meningitis meningococcic	20	18	26	22
Pertussis	373	476	108	380
Poliomyelitis (total)	204	574	395	302
Poliomyelitis (paralytic)	92	351	207	185
Streptococcal infections, resp. incl. scarlet fever	208	252	353	304
Tetanus	1	11	4	4
Typhoid fever	8	17	10	12

Venereal Diseases

Diseases	July, 1955	July, 1954	July, 1953	Five-year median
Syphilis	539	518	636	685
Gonococcal infections	1,271	1,237	1,452	1,429
Chancroid	10	10	12	1
Granuloma inguinale	1	1	—	1
Lymphogranuloma venereum	5	3	6	1

¹ Median not calculated.

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